

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

FAITH JOHNSON

Plaintiff

v.

Civil Action No.:
3:14-CV-30100-MAP

AMHERST NURSING HOME, INC., ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

Rasidi Akodo
1300 Federal Street, Apt. 6
Belchertown, MA 01007

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiffs attorney, whose name and address are:

Michael O. Shea, Esq.
Law Office of Michael O. Shea, P.C.
3 Crane Park Drive, Suite 7, Wilbraham, MA 01095

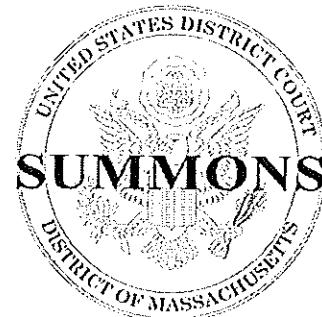
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ - Maurice Lindsay

Signature of Clerk or Deputy Clerk



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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____



Office of the Sheriff

PO Box 684, Northampton, MA 01061 Telephone (413) 585-0618 Hampshire, ss.

November 24, 2014

I hereby certify and return that on 11/21/2014 at 12:00 PM I served a true and attested copy of the SUMMONS, COMPLAINT AND CIVIL ACTION COVER SHEET in this action in the following manner: To wit, by leaving at the last and usual place of abode of RASIDI AKODO, 1300 FEDERAL STREET, APT. 6, BELCHERTOWN, MA 01007, and by mailing 1st class to the above address on 11/21/2014. In the service hereof, it was necessary and I actually used a motor vehicle 40 miles. Fees: Attest \$10.00, Basic Service \$20.00, Conveyance \$4.50, Copies \$2.00, Travel Fees \$19.20 Total \$55.70.

DEPUTY SHERIFF BRIAN GLAZIER

Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date

Server's Signature

Printed name and title

Server's Address

Additional information regarding attempted service, etc: